

Atty Docket No. 022128-000400US

PTO FAX NO.: 703-872-9306

ATTENTION: Examiner Unassigned

Group Art Unit 3738

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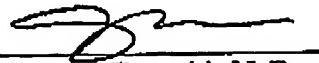
I hereby certify that the following documents in re Application of GIFFORD et al., Application No. 10/811,228, filed March 26, 2004 for METHODS AND APPARATUS FOR TREATMENT OF PATENT FORAMEN OVALE are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal (1 page)
2. Preliminary Amendment (4 pages)
3. Supplemental Information Disclosure Statement (27 pages)

Number of pages being transmitted, including this page: 33

Dated: 1/05/05


Shemekia N. Brown

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TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, CA 94111-3834
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Fax: 650-326-2422

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PTO/SB/21 (08-04)

**TRANSMITTAL
FORM**

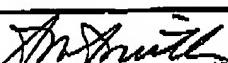
(to be used for all correspondence after initial filing)

		Application Number	10/611,228
		Filing Date	March 26, 2004
		First Named Inventor	GIFFORD, HANSON
		Art Unit	3738
		Examiner Name	Unassigned
Total Number of Pages in This Submission	32	Attorney Docket Number	022128-000400US

ENCLOSURES (Check all that apply)

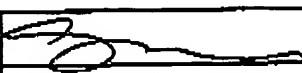
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Preliminary Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<input type="checkbox"/> Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

GIFFORD III et al.

Application No.: 10/811,228

Filed: March 26, 2004

For: METHODS AND APPARATUS
FOR TREATMENT OF PATENT
FORAMEN OVALE

Customer No.: 20350

Confirmation No. 9042

Examiner: Unassigned

Technology Center/Art Unit: 3738

PRELIMINARY AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Please enter the following amendments:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 5 of this paper.